PANDEMIC SUPPORT LINE INTERVENTIONS

WHY A SUPPORT LINE?

- LEARNING FROM WUHAN EXPERIENCE
- <u>HTTPS://WWW.THELANCET.COM/JOURNALS/LANPSY/ARTICLE/PIIS2215-0366(20)30047-</u>X/FULLTEXT
- VOLUNTEERS WHO HAVE RECEIVED PSYCHOLOGICAL ASSISTANCE TRAINING IN DEALING WITH THE 2019-NCOV EPIDEMIC PROVIDE TELEPHONE GUIDANCE TO HELP DEAL WITH MENTAL HEALTH PROBLEMS
- HTTP://EN.NHC.GOV.CN/2020-02/04/C 76228.HTM
- PRC NATIONAL HEALTH COMMISSION RECOMMENDS BOOSTING MH SERVICES, INCLUDING A PSYCHOLOGICAL SUPPORT HOTLINE

STAFFING

- MONITORING NEEDS, CALL VOLUME
- 1ST TIER LAY PERSON TRAINING CF SUICIDE HOTLINE
- 2ND TIER CONSIDER JABSOM STUDENTS, WHO MAY NO LONGER BE ABLE TO BE ON CLINICAL ROTATIONS, TO HAVE THE OPPORTUNITY TO TRAIN AND VOLUNTEER TO TAKE CALLS. THIS WOULD BE OF BENEFIT FOR THE STUDENTS FOR LEARNING ABOUT THEIR COMMUNITY UNDER STRESS, DISASTER MANAGEMENT, AND PERHAPS INTRODUCE THEM AND POTENTIALLY INTEREST THEM IN PSYCHIATRY.
- 3RD TIER TELEPSYCH OPTIONS: JABSOM DOP, GROUP, INDIVIDUAL

TRAINING PROGRAM PROPOSAL

- OBTAINED FROM AMERICAN ASSOCIATION OF DIRECTORS OF PSYCHIATRIC RESIDENCY
- CAN BE ADAPTED TO SPECIFIC PATTERNS OF DIFFICULTIES EMERGING IN A COMMUNITY
- NEED PROGRAM COORDINATOR/TRAINER
- DATA MANAGEMENT: #CALLS, CATEGORIZE ISSUES: HEALTH INSECURITY; UNEMPLOYMENT SEQUELAE

NATIVE HAWAIIAN HEALING ELEMENT

 NEED TO IDENTIFY RELEVANT PRACTICE/PICTOGRAPH/EXPRESSION AND ADD TO ALL LEVELS AND EACH CALL

PANDEMIC SUPPORT LINE INTERVENTIONS

- BASED ON
 - SUPPORTIVE PSYCHOTHERAPY
 - R WELTON & E CROCKER IN <u>PSYCHOTHERAPY: A PRACTICAL</u>
 <u>INTRODUCTION</u> ED. BRENNER & HOWE-MARTIN (IN PRESS)
 - AND
 - PSYCHOLOGICAL FIRST AID: FIELD OPERATIONS GUIDE 2ND EDITION
 - NATIONAL CHILD TRAUMATIC STRESS NETWORK
 - NATIONAL CENTER FOR PTSD
 - HTTPS://WWW.PTSD.VA.GOV/PROFESSIONAL/TREAT/TYPE/PS
 YCH FIRSTAID MANUAL.ASP

PSYCHOLOGICAL FIRST AID

- BASIC UNDERSTANDING
 - SURVIVORS OF DISASTERS WILL EXPERIENCE A WIDE RANGE OF EMOTIONAL, PHYSICAL, AND BEHAVIORAL RESPONSES
 - MOST WILL NOT DEVELOP SEVERE OR PROLONGED MENTAL HEALTH PROBLEMS
 - SUPPORT AND INTERVENTIONS FROM PROVIDERS CAN ENHANCE RECOVERY

DIFFERENCES FROM TRADITIONAL PSYCHOTHERAPY

- NOT MUCH TIME FOR PROLONGED SILENCES
- OPEN ENDED QUESTIONS BUT NOT FREE ASSOCIATION
- FOCUS ON THE PRESENT
- KEEP FOCUSED ON IMMEDIATE GOALS
 - YOU WANT TO MAKE A DIFFERENCE IN 30 MINUTES
- IDENTIFY AND USE PRE-EXISTING STRENGTHS, SUCCESSES AND ABILITIES
- BE READY TO MAKE SUGGESTIONS AND GIVE ADVICE
- HIGHER EMPHASIS ON TECHNIQUES / INTERVENTIONS AND LESS ON THE THE RELATIONSHIP

SPECIFIC OBJECTIVES OF PFA

- ESTABLISH A CONNECTION IN A NON-INTRUSIVE, COMPASSIONATE MANNER
- INCREASE SENSE OF SAFETY, EMOTIONAL COMFORT, AND ENHANCE FUNCTIONING
- HELP SURVIVORS TELL YOU THEIR IMMEDIATE NEEDS AND CONCERNS
- OFFER PRACTICAL ASSISTANCE AND INFORMATION TO HELP SURVIVORS ADDRESS THEIR IMMEDIATE NEEDS AND CONCERNS
- CALM AND ORIENT EMOTIONALLY OVERWHELMED SURVIVORS

SPECIFIC OBJECTIVES OF PFA

- ACKNOWLEDGE STRENGTHS AND EFFORTS AT COPING
- SUPPORT ADAPTIVE COPING AND EMPOWER SURVIVORS
- PROVIDE INFORMATION THAT MAY HELP SURVIVORS COPE EFFECTIVELY WITH THE PSYCHOLOGICAL IMPACT OF DISASTERS.
- CONNECT SURVIVORS TO SOCIAL SUPPORT NETWORKS
- BE CLEAR ABOUT YOUR FUTURE AVAILABILITY
- WHEN APPROPRIATE LINK THE SURVIVOR TO RESOURCES AND SERVICES

GETTING STARTED

- ESTABLISH A CONNECTION IN A NON-INTRUSIVE,
 COMPASSIONATE MANNER.
 - SPEAK SOFTLY, DIRECTLY, AND CALMLY
 - INTRODUCE YOURSELF AND YOUR ROLE
 - I'M HERE TO HELP PROVIDERS COPE WITH THE STRESS OF THE COVID-19 EPIDEMIC
 - ASK WHAT NAME THEY WANT YOU TO USE
 - REMIND THEM OF THE LIMITS OF YOUR

CONFIDENTIALITY



RULES FOR COMMUNICATING

- DO NOT MAKE ASSUMPTIONS ABOUT THEIR EXPERIENCE
- DO NOT PATHOLOGIZE TALK ABOUT REACTIONS AND EXPERIENCES AND NOT SYMPTOMS OR DIAGNOSES
- FOCUS ON WHAT THEY HAVE TRIED AND DONE WELL
- DON'T FOCUS ON PAST TRAUMAS
- ACKNOWLEDGE YOUR LIMITATIONS
 - WHAT YOU KNOW
 - HOW YOU CAN HELP

ESTABLISH GOALS

- INCREASE SENSE OF SAFETY, EMOTIONAL COMFORT, AND ENHANCE FUNCTIONING
 - WHAT WE CAN NOT DO
 - REMOVE THE RISK THEY FACE
 - WHAT WE CAN DO
 - EXPRESS INTEREST AND CONCERN
 - DIMINISH ISOLATION
 - DECREASE EMOTIONAL DISTRESS
 - IMPROVE FUNCTIONING AT WORK AND HOME

HELP SURVIVORS TELL YOU THEIR IMMEDIATE NEEDS AND CONCERNS

- WHAT PROBLEMS HAVE YOU BEEN HAVING?
- HOW ARE YOU HOPING I CAN HELP YOU?
 - EMOTIONS
 - SCARED, SAD, ANGER, FRUSTRATION
 - BEHAVIORS
 - INSOMNIA, INCREASED ALCOHOL USE, ANOREXIA, ISOLATION
 - COGNITIONS
 - CONFUSED, CLOUDY, OVERWHELMED, PERVASIVE NEGATIVISM
 - PHYSICAL
 - STOMACH ACHES, CHEST TIGHTNESS, MUSCLE TENSION, NAUSEA
 - DECISIONS AND DILEMMAS

PRACTICAL ASSISTANCE FOR THEIR IMMEDIATE EMOTIONAL NEEDS

- HOW DO WE HELP WITH SADNESS, FEAR, ANGER, OR FRUSTRATION?
 - HELP THEM EXPRESS EMOTIONS
 - USE EMPATHY TO UNDERSTAND THEIR EXPERIENCE
 - ACCEPT AND VALIDATE THEIR EMOTIONAL EXPERIENCES
 - RELAXATION TECHNIQUES
 - BEHAVIORAL STRATEGIES
 - COGNITIVE STRATEGIES

EXPRESSING EMOTIONS

- HOW DO WE ENCOURAGE AN EXPRESSION OF HEALTHY EMOTIONS?
 - HOW HAVE THINGS BEEN FOR YOU?
 - TELL ME HOW THIS HAS AFFECTED YOU?
 - CAN YOU DESCRIBE HOW
 YOU HAVE BEEN FEELING?

- AND THEN FOLLOW UP LOOKING FOR PRE-EXISTING EXPERIENCES AND COPING SKILLS
 - NO ONE HAS GONE
 THROUGH SOMETHING LIKE
 THIS, BUT HAVE YOU EVER
 FELT LIKE THIS BEFORE?
 - HOW DID YOU HANDLE IT?

UNDERSTANDING AND ACCEPTANCE

- USE EMPATHY TO
 UNDERSTAND THEIR
 EXPERIENCE
 - THAT SOUNDS _____
 - I WOULD IMAGINE YOU MUST HAVE FELT _____

- ACCEPT AND VALIDATE
 THEIR EMOTIONAL
 EXPERIENCES
 - I THINK THAT ANYONE IN
 THAT SITUATION WOULD FEEL
 THAT WAY
 - WELL, OF COURSE YOU FELT

BUT WHAT ABOUT YOU

 WHAT EMOTIONAL EXPERIENCE DO YOU THINK WOULD BE THE TOUGHEST FOR YOU TO WORK WITH?

WHAT ARE THE RISKS OF SECONDARY ANGST?

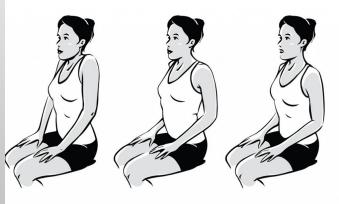
RELAXATION TECHNIQUES

- GIVE YOURSELF TIME AND SPACE TO RELAX
 - TAKE BREAKS AT WORK
 - CREATE TIME FREE FROM THE PANDEMIC
 - LIMIT EXPOSURE TO NEWS AND SOCIAL MEDIA
- BREATHING EXERCISES
 - LETS PRACTICE
- GET A COMMITMENT TO RELAX



Preathe in. Breathe out. Prepeat.

Count of 7



Relax shoulders as you breathe out





Tips for Relaxation

For Yourself:

- Inhale slowly (one-thousand one; onethousand two; one-thousand three) through your nose and comfortably fill your lungs all the way down to your belly.
- Silently and gently say to yourself, "My body is filled with calmness." Exhale slowly (one-thousand one, one-thousand two, one-thousand three) through your mouth and comfortably empty your lungs all the way down to your abdomen.
- Silently and gently say to yourself, "My body is releasing the tension."
- Repeat five times slowly and comfortably.
- Do this as many times a day as needed.



For Children:

Lead a child through a breathing exercise:

- "Let's practice a different way of breathing that can help calm our bodies down.
- Put one hand on your stomach, like this [demonstrate].
- Okay, we are going to breathe in through our noses. When we breathe in, we are going to fill up with a lot of air and our stomachs are going to stick out like this [demonstrate].
- Then, we will breathe out through our mouths. When we breathe out, our stomachs are going to suck in and up like this [demonstrate].
- We are going to breathe in really slowly while I count to three. I'm also going to count to three while we breathe out really slowly.
- Let's try it together. Great job!"

Tension and anxiety are common after disasters. Unfortunately, they can make it more difficult to cope with the many things that must be done to recover. There is no easy solution to coping with postdisaster problems, but taking time during the day to calm yourself through relaxation exercises may make it easier to sleep, concentrate, and have energy for coping with life. These can include muscular relaxation exercises, breathing exercises, meditation, swimming, stretching, yoga, prayer, exercise, listening to quiet music, spending time in nature, and so on. Here are some basic breathing exercises that may help.



Make a game of it:

- Blow bubbles with a bubble wand and dish soap
- Blow bubbles with chewing gum
- Blow paper wads or cotton balls across the table
- Tell a story where the child helps you imitate a character who is taking deep breaths







BEHAVIORAL TECHNIQUES

- EXERCISE
 - REASONABLE INTENSITY AND FREQUENCY
 - CONSIDER EXERCISING WITH SOMEONE (EVEN IF IT IS VIRTUAL)
- ENGAGE IN ENJOYABLE ACTIVITIES
 - WHAT WOULD BE FUN FOR YOU TO DO?
 - WHAT WOULD BRING YOU SOME JOY?
 - WHAT HAVE YOU GIVEN UP DOING THAT WOULD BE FUN TO RESUME?
- ENCOURAGE THEM TO DO THINGS THAT ARE ACTIVE, PRACTICAL, AND FAMILIAR

BEHAVIORAL INTERVENTIONS

- GET A COMMITMENT TO START / RESTART ACTIVITIES
- HAVE THEM COMMIT TO TELLING SOMEONE ELSE
 - ADDS ACCOUNTABILITY
- OTHER BENEFICIAL BEHAVIORAL CHANGES?
 - CONSIDER SPIRITUAL / RELIGIOUS ACTIVITIES
 - CONSIDER WHAT THEY CAN DO TO HELP OTHERS

COGNITIVE TECHNIQUES

• I FEEL LIKE I CAN'T GO ON. THERE'S JUST TOO MUCH. THE PATIENTS NEVER END. AND I KNOW THAT IT IS JUST A MATTER OF TIME UNTIL I GET SICK.

HOW WOULD YOU RESPOND?

- LOOK FOR IRRATIONAL, ILLOGICAL, EXAGGERATED STATEMENTS
- LOOK FOR UNHELPFUL STATEMENTS
- SUBSTITUTE MORE POSITIVE THOUGHTS

CALMING DISTRESS - MINDFULNESS

- HOW DISTRESSED ARE YOU RIGHT NOW?
- BREATHING EXERCISES
- TELL ME FIVE THINGS YOU CAN HEAR
- LOOK AND DESCRIBE WHAT YOU SEE (OBJECT AND COLOR)
- TELL ME FIVE THINGS YOU CAN FEEL
- DESCRIBE WITHOUT JUDGING THE THOUGHTS THAT ARE OCCURRING TO YOU
- BREATHING EXERCISES
- HOW DISTRESSED ARE YOU RIGHT NOW?

SPECIFIC OBJECTIVES OF PFA

- ESTABLISH A CONNECTION IN A NON-INTRUSIVE, COMPASSIONATE MANNER
- INCREASE SENSE OF SAFETY, EMOTIONAL COMFORT, AND ENHANCE FUNCTIONING
- HELP SURVIVORS TELL YOU THEIR IMMEDIATE NEEDS AND CONCERNS Dealt with Emotional Aspects
- OFFER PRACTICAL ASSISTANCE AND INFORMATION TO HELP SURVIVORS ADDRESS THEIR IMMEDIATE NEEDS AND CONCERNS Dealt with Emotional Aspects
- CALM AND ORIENT EMOTIONALLY OVERWHELMED SURVIVORS

DEALING WITH IMMEDIATE PRACTICAL NEEDS AND DECISIONS

- WHAT KIND OF DILEMMAS, CHALLENGES, AND DECISIONS MIGHT PROVIDERS BE FACING DURING THE PANDEMIC?
 - ISSUES WITH COWORKERS
 - ISSUES WITH LEADERS
 - ISSUES WITH SPOUSES
 - ISSUES WITH PATIENTS
 - ISSUES WITH WORK (SCHEDULES, EQUIPMENT)

INTERPERSONAL ISSUES

- STEPS FOR CLEAR COMMUNICATION
 - ASK THE OTHER HOW THEY SEE THE ISSUE
 - PARAPHRASE WHAT THEY SAID
 - DESCRIBE HOW YOU SEE THE ISSUE
 - ASK FOR SUGGESTIONS FOR IMPROVING THE SITUATION
 - OFFER SUGGESTIONS FOR IMPROVING THE SITUATION
 - WHICH CAN YOU BOTH AGREE TO?

STEPS FOR CLEAR COMMUNICATION

ENCOURAGE THEM TO

- BE PROACTIVE
 - INITIATE COMMUNICATION
 - ASK FOR WHAT THEY NEED
 - GIVE SUGGESTIONS FOR IMPROVEMENT
- COMMUNICATE IN PERSON
 - IN PERSON > VIDEOCONFERENCE > PHONE CALL > E-MAIL > TEXT
 - ALLOWS CONTEXT AND NON-VERBAL COMPONENTS

INTERPERSONAL ISSUES

- WHAT OTHER ADVICE WOULD YOU GIVE TO IMPROVE RELATIONSHIPS DURING A CRISIS?
 - ACCEPT THAT EVERYONE IS UNDER STRESS
 - PROBABLY NO ONE IS AT THEIR BEST
 - BE QUICK TO FORGIVE, SLOW TO TAKE OFFENSE
 - CONSIDER THEIR PERSPECTIVE AND PROBLEMS
 - ACCEPT LESS THAN PERFECT IN ORDER TO MOVE FORWARD
 - REMEMBER WHEN THE RELATIONSHIP WAS GOING WELL

BASIC PROBLEM SOLVING

- WHAT ARE SOME OF THE BASIC STEPS TO SOLVING PROBLEMS?
 - IS THIS WITHIN YOUR CONTROL? CAN YOU
 IMPACT THE SITUATION?
 - BRAINSTORM POSSIBLE RESPONSES
 - LIST POSITIVES AND NEGATIVES ABOUT THE POSSIBLE RESPONSES
 - PICK THE BEST OPTIONS

BASIC PROBLEM SOLVING

- BREAK LARGE PROBLEMS INTO MANAGEABLE PIECES
 - YOU ARE TRYING TO CREATE A FAIR AND EQUITABLE CALL SCHEDULE
 - HOW MANY NIGHTS ARE BEING COVERED
 - HOW MANY PEOPLE DO YOU HAVE
 - ARE THERE SPECIAL CONSIDERATIONS (HOLIDAYS, WEEKENDS)
 - CREATE A FIRST DRAFT AND SEE HOW FAIR IT IS
 - MAKE THE SECOND DRAFT BETTER
- WHAT CAN BE DELEGATED?
 - WHO CAN HELP YOU MAKE AND CARRY OUT THESE DECISION?



IDENTIFYING IMMEDIATE PROBLEMS

Appendix D: Provider Worksheets

| | Provider: | Survivor Nar | ne: | Location | |
|--|--|---|-------------------------|-----------------------------|--|
| This session v | | ed with (check all that appl | | | |
| □ Child | □Adoles | | amily Group | | |
| Drovider: He | e this form | | | this time. This form can be | |
| | | vith referral agencies to h | | | |
| | | esponding to difficulties t | | | |
| BEHAVI | ORAL | EMOTIONAL | PHYSICAL | COGNITIVE | |
| □ Extreme | | □ Acute stress reactions | □ Headaches | ☐ Inability to accept/cope | |
| disorientation | | □ Acute grief reactions | □ Stomachaches | with death of loved one(s | |
| □ Excessive drug, | | □ Sadness, tearful | □ Sleep difficulties | □ Distressing dreams or | |
| alcohol, or | | □ Irritability, anger | □ Difficulty eating | nightmares | |
| prescription drug use | | □ Feeling anxious, | □ Worsening of | ☐ Intrusive thoughts or | |
| □ Isolation/withdrawal | | fearful | health conditions | images | |
| ☐ High risk behavior | | □ Despair, hopeless | □ Fatigue/exhaustion | □ Difficulty concentrating | |
| ☐ Regressive behavior | | □ Feelings of guilt or | ☐ Chronic agitation | □ Difficulty remembering | |
| Separation anxiety | | shame | □ Other | □ Difficulty making | |
| □ Violent beh | | □ Feeling emotionally | | decisions | |
| □ Maladaptive | | numb, disconnected | | ☐ Preoccupation with death | |
| Other | | □ Other | | destruction Other | |
| ☐ Financial ☐ Displaced ☐ Living an ☐ Lost job o ☐ Assisted v ☐ Has physi ☐ Medicatio ☐ Concerns ☐ Other: ☐ Other: | I from home rangements or school with rescue/ ical/emotion on stabilizat about child concerns | recovery nal disability ion //adolescent | | | |
| 3. Please ma | ake note of | any other information th | nat might be helpful in | ı making a referral. | |
| 4. Referral | | | | | |
| | | fy) | ☐ Substance abuse | | |
| ☐ Other disa | aster agenci | es | □ Other communi | ☐ Other community services | |
| ☐ Professional mental health services | | nealth services | ☐ Clergy | | |
| - FIOIESSIO | | | ☐ Other: | | |
| ☐ Medical t | reatment | | | | |



Appendix D: Provider Worksheets

Psychological First Aid Components Provided

| Date: Provider: | Location: | | | | |
|---|--|--|--|--|--|
| This session was conducted with (check all that □ Child □ Adolescent □ Adult | apply): □Family □ Group | | | | |
| Place a checkmark in the box next to each comp session. | onent of Psychological First Aid that you provided in this | | | | |
| Contact and Engagement | | | | | |
| ☐ Initiated contact in an appropriate manner | ☐ Asked about immediate needs | | | | |
| Safety and Comfort | | | | | |
| ☐ Took steps to insure immediate physical safet | y Gave information about the disaster/risks | | | | |
| ☐ Attended to physical comfort | ☐ Encouraged social engagement | | | | |
| ☐ Attended to a child separated from parents | ☐ Protected from additional trauma | | | | |
| ☐ Assisted with concern over missing loved one | ☐ Assisted after death of loved one | | | | |
| ☐ Assisted with acute grief reactions | ☐ Helped with talking to children | | | | |
| ☐ Attended to spiritual issues regarding death | about death | | | | |
| ☐ Provided information about funeral issues | ☐ Attended to traumatic grief | | | | |
| ☐ Helped survivors regarding death notification | ☐ Helped survivors after body | | | | |
| ☐ Helped with confirmation of death to child | identification | | | | |
| Stabilization | | | | | |
| ☐ Helped with stabilization | ☐ Used grounding technique | | | | |
| ☐ Gathered information for medication referral | for stabilization | | | | |
| Information Gathering | | | | | |
| ☐ Nature and severity of disaster experiences | Death of a family member or friend | | | | |
| ☐ Concerns about ongoing threat | □ Concerns about safety of loved one(s) | | | | |
| ☐ Physical/mental health illness and medication | (s) ☐ Disaster-related losses | | | | |
| ☐ Extreme guilt or shame | ☐ Thoughts of harming self or others | | | | |
| □ Availability of social support | ☐ Prior alcohol or drug use | | | | |
| ☐ History of prior trauma and loss | ☐ Concerns over developmental impact | | | | |
| ☐ Other: | | | | | |
| Practical Assistance | | | | | |
| \square Helped to identify most immediate need(s) | ☐ Helped to clarify need(s) | | | | |
| ☐ Helped to develop an action plan | ☐ Helped with action to address the need | | | | |
| Connection with Social Supports | | | | | |
| ☐ Facilitated access to primary support persons | ☐ Discussed support seeking and giving | | | | |
| ☐ Modeled supportive behavior | ☐ Engaged youth in activities | | | | |
| ☐ Helped problem-solve obtaining/giving social | support | | | | |
| Information of Coping | | | | | |
| ☐ Gave basic information about stress reactions | ☐ Gave basic information on coping | | | | |
| ☐ Taught simple relaxation technique(s) | ☐ Helped with family coping issues | | | | |
| Assisted with developmental concerns | ☐ Assisted with anger management | | | | |
| ☐ Addressed negative emotions (shame/guilt) | ☐ Helped with sleep problems | | | | |
| ☐ Addressed substance abuse problems | | | | | |
| Linkage with Collaborative Services | | | | | |
| ☐ Provided link to additional services service(s): | | | | | |
| Promoted continuity of care | | | | | |
| ☐ Provided handout(s) | | | | | |
| | | | | | |

NEXT WEEK ON PANDEMIC SUPPORT LINE: SPECIFIC OBJECTIVES

- ACKNOWLEDGE COPING EFFORTS AND STRENGTHS
- SUPPORT ADAPTIVE COPING AND EMPOWER SURVIVORS
- PROVIDE INFORMATION THAT MAY HELP SURVIVORS COPE EFFECTIVELY WITH THE PSYCHOLOGICAL IMPACT OF DISASTERS.
- CONNECT SURVIVORS TO SOCIAL SUPPORT NETWORKS
- BE CLEAR ABOUT YOUR FUTURE AVAILABILITY
- WHEN APPROPRIATE LINK THE SURVIVOR TO RESOURCES AND SERVICES